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# Prevention, a Challenge to the Nation

"Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention" describes and documents the potential for better health at each stage of life. It sets forth specific goals to be attained over the next decade and a full agenda of possible actions to be taken. The goals, one for each major age group, are both measurable and achievable by 1990:

- A 35 percent reduction in infant mortality by then;
- A 20 percent reduction in deaths of children aged 1 to 14, to fewer than 34 per 100,000;
- A 20 percent reduction of deaths among adolescents and young adults to age 24, to fewer than 93 per 100,000;
- A 25 percent reduction among deaths in the 25 to 64 age group; and
- A major improvement in health, mobility, and independence for older people to be achieved largely by reducing by 20 percent the average number of days of illness among this age group.

To reach these goals will require a national effort—and the commitment of people extending far beyond what we traditionally consider the health sector. No single segment of society can accomplish them alone. Unnecessary death and disability can be prevented—and better health can be maintained—only through a partnership that involves the serious commitment of individual citizens, the communities in which they live,

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the employers for whom they work, voluntary agencies, and health professionals. Government agencies at all levels must encourage and bolster their efforts.

How to move expeditiously toward the goals of prevention is the challenge for the years to come.

## The Obstacles

Expectations for programs in disease prevention and health promotion must be geared to realities. Social factors, personal attitudes, economics, and the knowledge base are all potential restraints to progress.

**Socioeconomic factors.** The critical influence of adequate income, housing, diet, education, and healthful workplaces in shaping the health of our people deserves continuing and serious attention. Without adequate resources to solve problems in these areas, the health of vulnerable population groups is at risk.

The Director General of the World Health Organization has said that economic development and health are indivisible. This holds true for the disadvantaged in our population. Fundamental social and economic improvement is essential to better health for Americans.

**Personal attitudes.** Formidable obstacles also exist on other fronts. Prominent among them are individual attitudes toward the changes necessary for better health. Though opinion polls note greater interest in healthier lifestyles, many people remain apathetic and unmotivated.

Illness is often still viewed as a matter of random chance, not to be averted but to be tolerated and accepted. Some consider activities to promote health moralistic rather than scientific; still others are wary of

measures which they feel may infringe on personal liberties. However, the scientific basis for suggested measures has grown so compelling, it is likely that such biases will begin to shift.

**Economics.** Resistance may also be expected from certain industries. The threat of economic loss due to decreased use of a product, or to requirements for sometimes costly measures to protect workers and the public, can lead to vigorous opposition to efforts to promote health or prevent disease and disability.

**Knowledge.** The knowledge base for prevention activities is growing dramatically, but there is still a need to learn more. Better measures are needed to further identify causes of diseases, detect and test potential hazards, and provide people with information which will motivate them and provide them with the skills to control behaviors they are trying to change.

More accurate techniques must be developed with which to estimate program costs and measure program effectiveness.

### **Opportunities for Action**

We cannot afford to wait for perfect solutions before beginning to act. Many specific measures are available and must be taken to facilitate opportunities for better health.

**Individuals.** Each of us has a tremendously important role; personal lifestyles are responsible for a large share of unnecessary disease and disability in the United States. People decide day by day and hour by hour what foods to eat, how much to consume, whether or not to smoke a cigarette or take a drink of alcohol. Greater or lesser amounts of physical activity are chosen. Various ways of coping with stress are developed. Important decisions are also made about what services to seek, what conditions to be screened for.

People can determine not only what services to use, but the nature of those services as well. Individual participation in community decisions can affect the availability of health services, the quality of the environment, and other issues with health implications.

Each of these decisions influences the length of people's lives and their capacity to enjoy it.

**Families.** An individual's responsibility extends to others as a parent, a marriage partner, and a neighbor. One person's choice in health behavior can affect the choices of others.

The role as exemplar and guide is particularly critical for the parent who is shaping the health practices of another generation. Parents can enhance the oppor-

tunities for their children's health by fostering healthy personal habits, by ensuring availability and use of appropriate childhood health services, by participating in sound and enjoyable recreational activities, and by encouraging the development of effective health curriculums in the school systems.

**Health professionals.** Physicians, nurses, and other health professionals have a particular opportunity and obligation to provide information and services necessary to promote better health and prevent disease. People continue to note that they would be more likely to try to change their behaviors if their physicians strongly recommended such changes. Yet health professionals often find themselves too pressed by duties related to diagnosis and treatment to capture the opportunity they have to influence the behavior, and therefore the health, of their patients.

These professionals need to be trained to view themselves as educators and models, as well as practitioners of a particular discipline.

**Health institutions.** Hospitals and other health institutions, likewise, need not only be concerned with the sick. Some hospitals are now actively providing preventive services and organizing community health promotion efforts. Some health maintenance organizations, structured with incentives to keep their members healthy, have also helped expand preventive services.

Other incentives to good health can be provided by insurance companies through offering preferential rates on life and health insurance to groups engaged in health promotion programs at the worksite.

**Schools.** More than 40 million children and youth spend most of their day in school. No group is more able than school teachers to provide information and instruction that can help young people make decisions that promote good health.

Comprehensive school health education activities can enhance a child's skills and personal decision-making; promote understanding of the concepts of health and the causes of disease; and foster knowledge about the ways in which one's health is affected by personal decisions relating to smoking, alcohol and drug use, diet, exercise, and sexual activity.

**Business and labor.** Business leaders, working with their labor counterparts, can make substantial contributions to health through programs and services provided for employees and through responsible manufacturing and marketing practices which embrace health concerns.

The worksite may provide an appropriate setting for health promotion as well as health protection activities. A number of companies have already shown leadership in providing employee fitness programs and encouraging worker participation, but more can be done. Furthermore, business practices in advertising products may play a key role in influencing consumer behavior.

To date, the net effect in many areas of advertising—particularly for food products, over-the-counter drugs, tobacco, and alcohol—has generally not been supportive of health promotion objectives. But, as some companies are now recognizing, in an increasingly health-conscious climate health promotion can result in excellent corporate public relations, as well as save money, through programs to improve the health of their own employees.

**Communities.** Most communities have substantial resources, sometimes unrecognized, for prevention and health promotion. Included in these resources are the networks of voluntary agencies, media broadcasters, and civic and religious programs. All can provide a variety of useful services and help to create a climate of interest in better health.

Certainly the voluntary organizations have played the major role to date in drawing people's attention to important health issues.

Public forums provided by media sources, such as television, radio, newspapers, and magazines, and by commercial enterprises such as grocery and department stores, can also be used creatively to facilitate the deployment of health promotion and disease prevention measures.

**Government.** The American system for delivering health care services is pluralistic, and government at all levels—Federal, State, and local—operates direct care services for many beneficiary groups.

Federal and State governments have other important responsibilities in disease prevention and health promotion: to provide leadership in setting priorities and goals for prevention activities, to help expand the knowledge base through research and data collection, to assure that preventive services are provided to high risk groups on a priority basis, to determine and enforce health and safety standards protecting people and, if necessary, to provide economic incentives to encourage health and safety.

Federal facilities provide care to veterans, American Indians, the Armed Forces, merchant seamen, and others. State and local governments operate systems serving the mentally ill, the disadvantaged, and other

groups. Through grants and contracts, government helps to support health care delivered through a still greater variety of agencies. Finally, through such programs as Medicare and Medicaid, government helps pay the bills for health care delivered in virtually every facility in the United States.

All provide potential means to deliver preventive services.

The importance of local governmental units to successful prevention programs is unquestioned. The past successes of prevention and public health have been predominantly community based.

Local sanitation measures, purification of community water supplies, surveillance and control of epidemics have all been community matters. More recently, fluoridation of community water supplies has been the greatest single measure promoting dental health, though many communities lack its benefits.

Local government, assisted and supported by its State and Federal counterparts, can establish and enforce important regulations—rodent control, housing codes which address such problems as lead-based paint, air and water pollution control, and laws requiring immunization as a prerequisite to attending school.

The diversity of participants in prevention activities is both necessary and desirable. What has been lacking up to now, however, has been a mechanism for coordinating these various efforts and bringing focus and direction to new ones to fill gaps.

Responsibility for implementing the newer approaches to health promotion and disease prevention has for the most part rested everywhere, and thus nowhere.

However, opportunities may be emerging to link and coordinate the resources available at various levels. Many Governors, county officials, and mayors are in the process of developing mechanisms to meet new needs in prevention.

Furthermore, the 205 newly created health systems agencies and State health planning bodies provide a potential means of fostering the actions outlined in this report to respond to the needs and characteristics of their respective populations.

What is most apparent is that the effort must be truly a collective one. While the measures are readily within our capabilities, their realization will require diligence, determination, and cooperation.

If the commitment is made at every level, we ought to attain the goals established in this report, and Americans who might otherwise have suffered disease and disability will instead be healthy people.